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OLVISION OF CONTENDATIONS

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COVER LETTER

то:	Registration Sec Division of Cor			
autre.		oaching LLC		
SUBJ	ECT:	Name of Limi	ted Liability Company	·
The er	nclosed Articles of a	Amendment and fee(s) are subr	mitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		Brenda Hodge		
		<u> </u>	Name of Person	
		RYS Life Coaching		
			Firm/Company	<u> </u>
		378 Carvalho st. SE		
			Address	
		Palm Bay, FLorida 32909		
			City/State and Zip Code	
		bhodgerryslifecoach@hotmail.com E-mail address: (to be used for future annual report notification)		
For fu	rther information co	oncerning this matter, please ca		
Brend	la Hodge		321- 536-1980 at ()	
	Name of	Person	Area Code Daytime	Felephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RYS Life Coaching LLC		•
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records.) (* I Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L16000172061}{L16000172061}$.	y were filed on March 13, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	pility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Trincipal office address MOST BE A STREET ADDRESS		Sign of 10
		75
		TILED 10 PH 2:0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered e registered agent and/or the new registered office address he		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obtigations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Turner
MGR	Dale Hodge		Type of Action
		378 Carvalho St SE Palm Bay, fl. 3	Add
		- Carvano Si Sis Faim Bay, II. 3	Remove
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			□ Remove
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(If an eff	ve date, if other than the date of filing:	ing.) Pursuant to 605.0207 (2
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	n. on the earlier of:
Dated	8/a/17 .12 Am.	
	Signature of a member of authorized representative of a member	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00